



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7748

|  |   |                                  |   |   |
|--|---|----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/580,009   | <b>FILING OR 371(c) DATE</b><br>05/19/2006<br><b>RULE</b>   | <b>CLASS</b><br>062              | <b>GROUP ART UNIT</b><br>3744   | <b>ATTORNEY DOCKET NO.</b><br>15220.854US01 |
| <b>APPLICANTS</b><br>Xabier Gorritxategi Retolaza, Durango, SPAIN;<br>Unai Onederra Egana, San Sebastian, SPAIN;<br>Jose Manuel Cano Rodriguez, Mondragon, SPAIN;  |   |                                  |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/ES03/00590 11/21/2003  |   |                                  |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                  |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 09/11/2008</b>   |   |                                  |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>SPAIN | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>10                   |
|  |   |                                  |   | <b>INDEPENDENT CLAIMS</b><br>1              |
| <b>ADDRESS</b><br>81236  |   |                                  |   |   |
| <b>TITLE</b><br>ROTARY ABSORPTION HEAT PUMP  |   |                                  |   |   |
| <b>FILING FEE RECEIVED</b><br>450  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |